



Adapting Trauma Focused Cognitive Behavior Therapy TF-CBT

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Breaking the Barriers: Forming Cross System Partnerships to Effectively Serve
Individuals With Mental Illness and Intellectual Disabilities.

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Caution

- The current presentation is based on Cohen, Mannarino and Deblinger's model of Trauma Focused Cognitive Behavior Therapy (TF-CBT)
- The information in this presentation is a blend of standard TF-CBT training, original thought and modification of TF-CBT material for special populations.
- This work is not intended to replace standard TF-CBT training.
- The material presented here should not be used by those unfamiliar with TF-CBT.

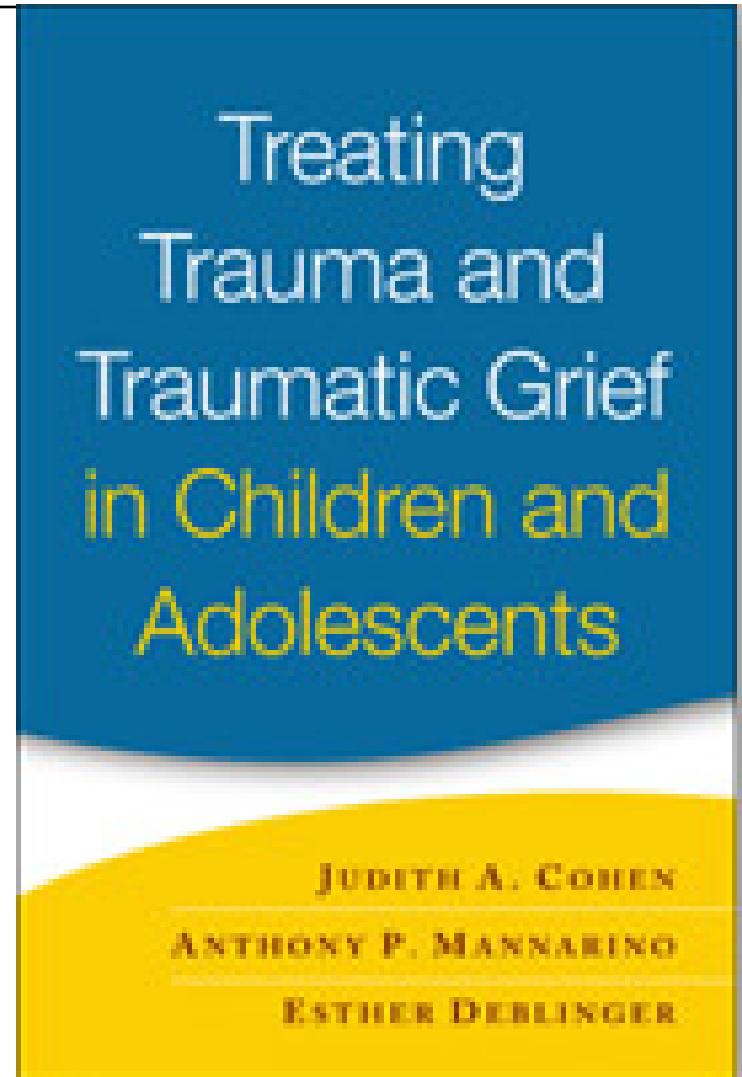


Training Resource

- Those who wish to use this adaptation should first participate in standard TF-CBT training
- A free web-based training for TF-CBT is now available at:
<http://tfcbt.musc.edu/>

Other TF-CBT Training Resources


Cohen, J.A.,
Mannarino, A.P., &
Deblinger, E.
(2006). Treating
Trauma and
Traumatic Grief in
Children and
Adolescents. New
York: The Guilford
Press.





Components of treatment

- ✓ **Assessment**
- ✓ **Address safety issues**
- ✓ **Psychoeducation**
- ✓ **Skills Development**
 - Trauma Narrative
 - Trauma Processing
 - Reintegration



TF-CBT

Narrative



Adaptations for People with Developmental Disabilities

- Be creative in the ways in which the narrative is recorded
- Writing may not be practical
 - Dictate responses to the therapist
 - Draw pictures
 - Use a tape recorder, video or still camera
 - Role-play, sing or dance
 - Consider sand tray
 - Use play
- Go slowly—more time will be needed to absorb the information and to integrate the modified cognitions
- Don't be frustrated if the client returns repeatedly to inaccurate or unhelpful cognitions—repetition is necessary for learning



Session format

- Check in briefly with the client and caregiver regarding how the week has gone
- Spend time with the client working on the narrative
- Spend time with the caregiver reviewing the narrative the client has generated
- Spend time doing something the client enjoys to end the session



Session format continued

- At the beginning of each session check in on the client's stress level
- If the level is high use skills to reduce it to the acceptable level you and the client agreed on
- With the client review the narrative that was developed last time
- Continue to use stress management skills as needed, checking in on stress level frequently
- Add any new information that the client brings up
- Go on to the next part of the trauma narrative



Session Format Continued

- After meeting with the client spend some time alone with the caregiver
- Review the information the client produced in the narrative
- Help the caregiver to deal with their own emotions regarding the narrative
- Discuss any distortions the caregiver is experiencing like
 - Unwarranted self blame
 - Unrealistic expectations of what the caregiver can do
 - Fears that the client has been damaged forever



Session format continued

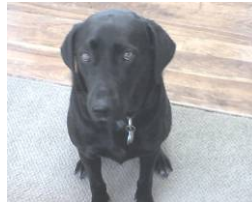
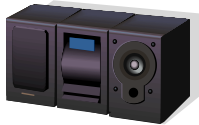
- Each session should end with time to do something fun
- Depending on the client, this may be a group activity after you have talked with caregiver or it may be with the client alone
- Be prepared to suggest some fun things:
 - Origami—especially action figures like jumping frogs
 - Walks to interesting sites
 - Games, puzzles, puppets
 - Basketball, catch
 - Grooming the therapy dog



Chapters to Include in the Narrative

- All about me
- Use the baseline trauma assessment to guide your work
- Some people work from most non-threatening trauma to most challenging
- Some people prefer to write all the trauma components on slips of paper and to draw one at a time to work on
- After all known aspects of trauma have been covered ask about what the worst part was.
- Don't assume you know what it was.
- In the following examples all information has been changed to protect client identity.

Sample of Chapter One: All About Me



My name is Jeremy. I'm 20 years old. In this picture I'm standing in front my group home. I have a lot of favorite things. I like radios, Dr. Charlton, Kiwi, and my group home mother, Jane. I like to wear suit jackets. When I grow up I want to be a king. If I can't be king then I will get a good job where I can earn lots of money. I like it here, but I would prefer a castle. Here's the castle I would like to live in.



Beginning of Narrative:

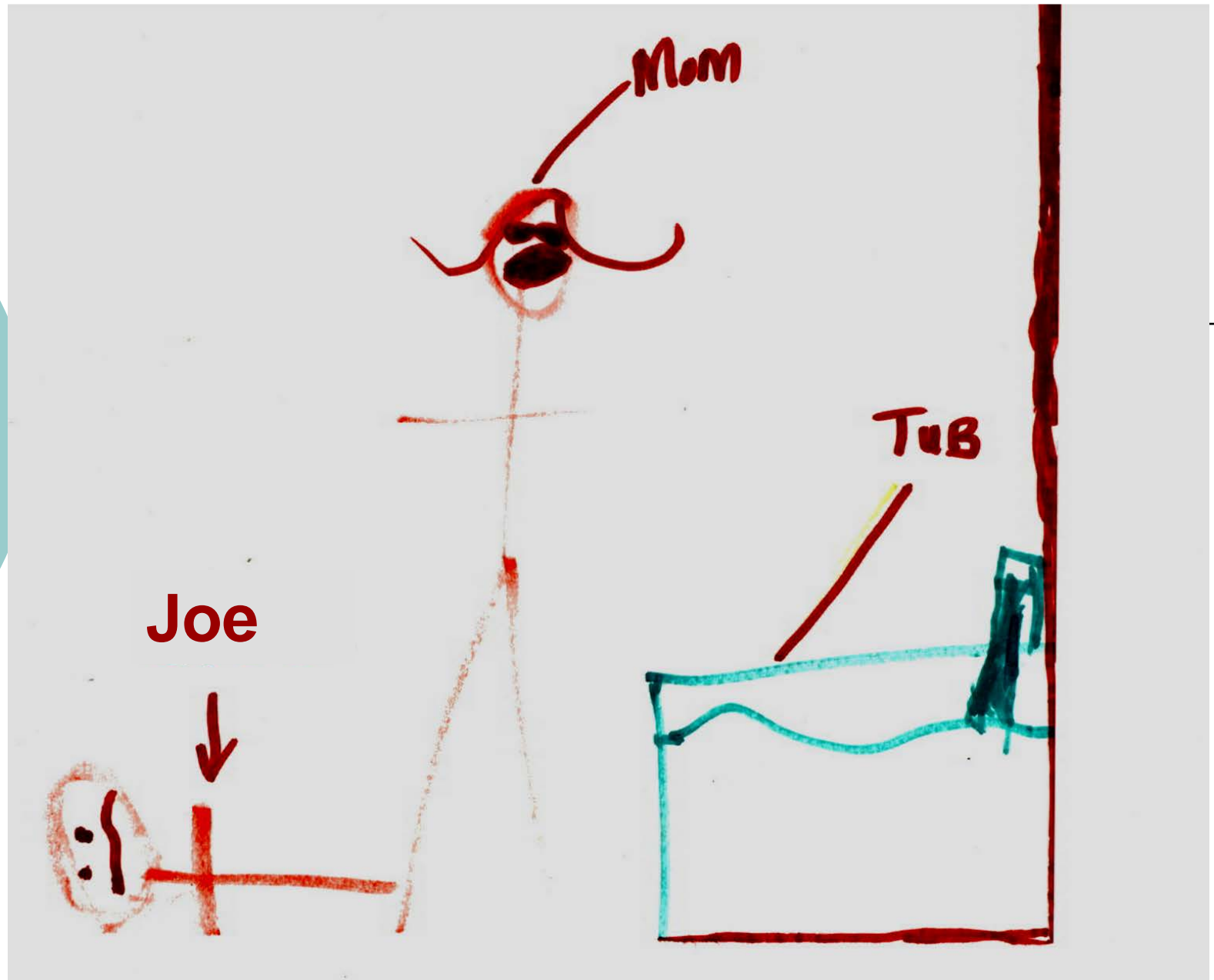
Single incident: 18 year old male client

On the day I got burned I woke up around 9 in the morning. I was feeling sad and that's when I started telling everyone "I'm going to burn myself." Then around 1:30 I poured gasoline on me.



Complex Trauma With Multiple Components: Trauma occurred during early childhood.

- Chapter 2: One of the bad things that happened to me is getting hit a lot.
- Chapter 3: When my mom first started getting a job she sent me to live with my step mom. I always got punished there.
- Chapter 4: My mom would tell me to lie to the teachers and say I have strep throat so they wouldn't know the truth that I was hit on the back with a belt and hurt really bad.
- Chapter 5: Mom was in the bathtub and she asked me to get something for her. I couldn't find it and she got out of the tub and started kicking me.





Complex Trauma With Multiple Components

- **Chapter 2 – Riding the tower of doom and other rides** - I am afraid of heights. I hate heights.
- **Chapter 3 – My older brother** – I was at my mom's house. I was watching the news, and I saw him on the news. He got arrested for something – a double homicide
- **Chapter 4 – Why I don't like school** – School is a prison. It's a prison. There's no windows except for the doors.
- **Chapter 5 – The Kidnapping** – My dad screwed everything up he's a loser he wants me to get back at mom. My mom says he's crackheadish I think he's stupid.



Introducing the Narrative

- We are going to be talking (or writing or drawing) about the bad stuff that happened in lots of detail because we know it helps you to get better when you talk about what happened.
- One way we can talk about the abuse is by making a book.
- There are other ways to do this like drawing pictures, writing, typing it out on the computer, etc...
- Let's start with some stuff about you and what you like to do for fun.
- Can include name, age, school, job, and favorite activity.



Practice in your small groups

- Take turns being the therapist and the client as you role play introducing the narrative process to a client you may treat with this model
- Discuss your ideas for presenting the material
- What insights did you have about the therapist or the client's experience



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Trauma Focused Cognitive Behavior Therapy

Processing the Narrative



Preparation

- Review the narrative
- Identify thoughts that are not helpful
- Identify areas where thoughts and feelings are missing
- Identify places where the client's thoughts are accurate and be prepared to praise them.



Session format

- Generally you continue with the same format you established on the narrative
- Check-in
- Work with the client on processing the trauma
- Review with the caregiver the work the client did during the session
- Do something fun to help with re-centering



Adding Thoughts and Feelings

- Thoughts:

- I thought everyone heard me saying I was going to burn myself and they didn't listen.
- I was surprised at what happened.
- I didn't expect the burns to hurt so bad.
- I don't know if I realized that I might kill myself by setting myself on fire.

- Feelings: I felt mad because it sounded like they didn't care about me.



Corrections

- I needed help.
- I could have told my family that I was really upset and needed help.
- Then I could have gotten the help I needed without the burns.
- If I get upset again this is what I'm going to do.
- My family will listen even if I don't do something dramatic.



Adaptations

- Go slowly
- Provide lots of support
- Review skills as needed
- It's particularly important to use
 - Cognitive triangle—how you think about the trauma effects how you feel about it
 - Identify cognitive distortions or unhelpful thoughts
 - Then correct them



Techniques to Help With Processing

- Best Friend role play
- Now and then role play
- Responsibility pie



Best Friend Role Play

Ask the client to take on the role of his or her best friend, and the therapist takes on the role of the client. The task is to have the “best-friend” counsel the therapist/client regarding the client's understanding of the trauma.



Now and Then Role Play

The client is asked to 'go back in time' to give him or herself advice about what to do about the trauma before and/or after it happens. The therapist can either play the role of the client "then," or the client can act out both parts.



Responsibility Pie

The client is asked to draw a pie chart and assign "pieces" of various sizes to different individuals who might bear some responsibility for the trauma (e.g., the perpetrator, non-offending family members, the client). The client may assign pieces and sizes to whomever he or she wants, and the size of the piece corresponds to that person's percent of responsibility for the trauma. The therapist can then discuss the relative sizes of pie pieces with the client and use this as an exercise to help the client verbalize his or her thinking about why the trauma happened. A revised pie can be drawn if the client's thinking about responsibility changes.



Practice

- In your groups discuss how best to adapt trauma processing for your clients.
- Role play one of the processing techniques
- Select a spokesperson
- Return to the full group and share your ideas on adaptation



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Trauma Focused Cognitive Behavior Therapy

Integrating Trauma Work



Session format

- Integration is generally done with caregiver and client together
- Begin by
 - Assessing the caregiver's readiness for this phase
 - Assessing the client's readiness for this phase
- Remind everyone about the rationale for these joint sessions



Rationale

- The caregiver has the opportunity to demonstrate comfort in hearing and talking about the trauma, while also modeling appropriate coping;
- The client has an opportunity to share the narrative and experience a sense of pride (further reduces feelings of shame and distress associated with the trauma);
- Communication about the trauma is enhanced, and misunderstandings and areas of confusion can be cleared up; and
- The groundwork is laid for discussion of the trauma to continue after formal therapy is over.
 - For clients, you should emphasize the importance of communicating openly to eliminate any possible misunderstandings,
 - Caregivers should emphasize their desire to be helpful and supportive.



Integration

- The client shares the trauma narrative they have developed with the caregiver
- The caregiver:
 - Praises the client's hard work
 - Asks open-ended, non-threatening questions, i.e., How did you decide to tell someone about what happened?
 - Answers the client's questions, i.e., Why is mom mad at me because her boyfriend got in trouble? Did I do the right thing?



Integration

- Caregiver and client discuss together
 - Lessons learned
 - Application of those lessons
 - Plans for the future



Adaptations

- Be sure the client has sufficient support in all environments
- Work on specific ways in which new skills can be generalized to various situations in the client's life



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Next Steps

- Develop an Adapted Manual for TF-CBT
- Include detailed suggestions for adaptation of the model at each stage of treatment
- Collect pilot data regarding the effectiveness of the modifications
- Make changes in the adaptations as necessary
- Conduct randomized controlled studies to be sure that the adapted model is effective in treating trauma in the same way the original model is



Summary

- People with developmental disabilities are more likely than people in the general population to be exposed to trauma
- They are also more likely to experience profound negative effects on mental health following trauma
- They are less likely to recover from traumatic experience spontaneously



Acknowledgments

- We wish to express our thanks to Drs. Cohen, Mannarino and Deblinger for kindly allowing us to begin the process of adapting their TF-CBT model for use with people who have developmental disabilities